

**Commonwealth of Virginia
Department of Environmental Quality**



**AIR PERMIT APPLICATION
OWNERSHIP/NAME CHANGE**

DOCUMENT CERTIFICATION FORM

I certify under penalty of law that this document and all attachments [as noted above] were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering and evaluating the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I certify that I understand that the existence of a permit under [Article 6 of the Regulations] does not shield the source from potential enforcement of any regulation of the board governing the major NSR program and does not relieve the source of the responsibility to comply with any applicable provision of the major NSR regulations.

SIGNATURE: _____	DATE: _____
NAME: _____	REGISTRATION NO: _____
TITLE: _____	COMPANY: _____
PHONE: _____	ADDRESS: _____
EMAIL: _____	_____

References: Virginia Regulations for the Control and Abatement of Air Pollution (Regulations), 9 VAC 5-20-230B and 9 VAC 5-80-1140E.



GENERAL INFORMATION

Person Completing Form:		Date:	Registration Number:
Company and Division Name:			FIN:
Mailing Address:			
Exact Source Location – Include Name of City (County) and Full Street Address or Directions:			
Telephone Number:	No. of Employees:	Property Area at Site:	
Person to Contact on Air Pollution Matters – Name and Title:		Phone Number:	
		Fax:	
		Email:	
Latitude and Longitude Coordinates OR UTM Coordinates of Facility:			

Reason(s) for Submission (Check all that apply):

<input type="checkbox"/> Notification of Change in Ownership – Effective Date: _____ Old Owner: _____ New Owner: _____
<input type="checkbox"/> Notification of Facility Name Change – Effective Date: _____ Old Facility Name: _____ New Facility Name: _____
<input type="checkbox"/> Notification of Owner Name Change – Effective Date: _____ Old Owner Name: _____ New Owner Name: _____
<input type="checkbox"/> Other (Specify): _____
Permit Amendment Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No

GENERAL INFORMATION (CONTINUED)

Describe the products manufactured and/or services performed at this facility:

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List the Standard Industrial Classification (SIC) Code(s) for the facility:

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List the North American Industry Classification System (NAICS) Code(s) for the facility:

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List all the facilities in Virginia under common ownership or control by the owner of this facility:
